

Post Office Box 87 Uwchland, PA 19480-0087 Phone: 610-458-7374 Fax: 610-458-7826

www.jimgerlachforcongress.com

August 26, 2008

Ms. Faith Burton Special Counsel Office of Legislative Affairs United States Department of Justice 950 Pennsylvania Avenue, NW Washington, DC 20530

Dear Ms. Burton:

I would like to bring to your attention a letter I have sent to the House of Representatives' Committee on Standards of Official Conduct. I have filed a complaint against Robert Roggio, a candidate for the U.S. House of Representatives in the Sixth Congressional District of Pennsylvania, for failing to file a complete Financial Disclosure Statement as required by the Ethics in Government Act and the Rules of the House of Representatives. Mr. Roggio has qualified as a candidate under Pennsylvania election law and has filed a Statement of Candidacy with the Federal Election Commission.

Please see the attached letter, which details my complaints. I request that you also take action to investigate this matter.

Sincerely,

Jim Gerlach



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August 25, 2008

The Hon. Gene Green Acting Chairman Committee on Standards of Official Conduct HT-2, The Capitol Washington, DC 20515 The Hon. Doc Hastings Ranking Member Committee on Standards of Official Conduct HT-2, The Capitol Washington, DC 20515

Dear Chairman Green and Ranking Member Hastings:

I wish to file a complaint against Robert Roggio, a candidate for the U.S. House of Representatives in the Sixth Congressional District of Pennsylvania, for failing to file a complete Financial Disclosure Statement as required to the Ethics in Government Act and the Rules of the House of Representatives. Mr. Roggio has qualified as a candidate under Pennsylvania election law and has filed a Statement of Candidacy with the Federal Election Commission,

An individual who qualifies as a candidate for the U.S. House of Representatives must file a Financial Disclosure Statement on or before May 15. Mr. Roggio filed his Financial Disclosure Statement on March 21, 2008. Mr. Roggio affirmed in the "Preliminary Information" that he did have "earned" income, that he held a reportable position on or before the date of filing in the current calendar year or in the prior two years, and that he received compensation of more than \$5,000 from a single source in the two prior years. (See Attachment 1) However, Mr. Roggio did not include any information as required on the form under the following sections: Schedule I—Earned Income (Including Honoraria), Schedule IV—Positions, or Schedule VI—Compensation in Excess of \$5,000 Paid by One Source. (See Attachment 1)

The financial disclosure provisions of the Ethics in Government Act ("the Act") have been incorporated by reference as a Rule of the House of Representatives (House Rule 26), over which the Committee on Standards of Official Conduct has jurisdiction. In addition to any Committee action, the Act authorizes the Attorney General of the United States to seek a civil penalty of up to \$11,000 against an individual who knowingly and willfully falsifies or fails to file or to report any required information (U.S.C. app. 4 § 104(a)).

Therefore, I am requesting that the Committee authorize the Attorney General to investigate Mr. Roggio and take appropriate action.



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Sincerely,

Jim Gerlach

CC: Department of Justice

State of Pennsylvania County of Chester Sworn and Subscribed before me this day of

State of tennsylva. Signed and sworn before me this 26 day of August, 2008.

Notary Public

My Commission expires

COMMONWEALTH OF PENNSYLVANIA

Notarial Seal Barry B. DiLibero, Notary Public West Vincent Twp., Chester County My Commission Expires Feb. 14, 2010

Member, Pennsylvania Association of Notaries

CERTIFICATE OF SERVICE

I, Jim Gerlach, certify that a true and correct copy of this Complaint has been sent via U.S. Mail to the Respondent, Robert Roggio at the address below:

Bob Roggio for Congress Committee 9 Old Lincoln Highway

Suite 1

Malvern, PA 19355

Jim Gerlach

	3-21-08	Zn	1	and all attached schedules are true, complete and correct to the best of my knowledge and belief.	and all attached correct to the best
	Date (Month, Day, Year)		ing Individual	Certification Signature of Reporting Individual	I CERTIFY that the
pon written wingly and	y requesting person up ly falsifies, or who kno	amended. The Statement will be available to any signee. Any individual who knowingly and willfully U.S.C. app. 4, § 104 and 18 U.S.C. § 1001).	Act of 1978, as am conduct or its design anctions (See 5 U.S.	This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully falsifies or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, § 104 and 18 U.S.C. § 1001).	This Financial Disch application and will willfully fails to file the
	ND DATED	E REPORTING INDIVIDUAL AND	SIGNED BY THE	— THIS DOCUMENT MUST BE	CERTIFICATION
No X	nt child Yes	actions, or liabilities of a spouse or dependent child	rned" income, trans	EXEMPTION —Have you excluded from this report any other assets, "unearned" income, transactions, or liabiliti- because they meet all three tests for exemption?	because they meet
× ×	d trusts* Structions, Yes	of Official Conduct and certain other "excepted trusts" i, your spouse, or a dependent child? (See Instructions,	ttee on Standards of trust benefiting you	TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conductor need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or page 8.)	TRUSTS—Details regarding need not be disclosed. Have page 8.)
SNC	IESE QUESTIONS	ION — ANSWER EACH OF THESE	INFORMAT	OF SPOUSE, DEPENDENT, OR TRUST INFORMATION	EXCLUSION OF
	"Yes" response.	priate schedule attached for each "Yes" response.	and the appropriate	Each question in this part must be answered and the	田
No D	iom Yes 🔀	VI. Did you receive compensation of more than \$5,000 from a single source in the two prior years? If yes, complete and attach Schedule VI.	No YI. Di	III. Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period? Yes Xi yes, complete and attach Schedule III.	III. Did you, your sponable liability (more than if yes, complete and
No X	ent Yes	 V. Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule V. 	No With a with a if yes,	ii. Did you, your spouse, or a dependent child receive "unearned" income of more than \$200 in the reporting period or hold any reportable asset worth more than \$1,000 at the end of the period? Yes yes, complete and attach Schedule II.	in. Did you, your spot income of more than reportable asset worth if yes, complete and
S _o	e date ears? Yes 🔀	IV. Did you hold any reportable positions on or before the date of fling in the current calendar year or in the prior two years? If yes, complete and attach Schedule IV.	No IV. Di	1. Did you or your spouse have "earned" income (e.g., salaries or fees) of \$200 or more from any source in the reporting period? Yes If yes, complete and attach Schedule I.	l. Did you or your spo fees) of \$200 or more if yes, complete and
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files more	against anybody who files more than 30 days late.	Amendment	Electronit =	Employing O	Status
e assessed	\$200 penalty shall be assessed	77-7008 Check if A	Date of O4-2	Candidate for the State: PA House of Representatives District: 67H	FILE
San	J.S. HUDGE OF REPRESENTATIVES	Telephone:	- [N.	
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KIER	141 SESOURCE CENTER			RT ROGGIO	ROBERT
	900			Period Covered: January 1, 200구 _ MARCH (, 스OST	Period Covered: Ja
	MAR 2 1 2000	FORM B For use by candidates		UNITED STATES HOUSE OF REPRESENTATIVES FINANCIAL DISCLOSURE STATEMENT	UNITED STATE

SCHEDULE I—EARNED INCOME (INCLUDING HONORARIA)

Namo ROBERT ROGE10

Page 2 of 6

List the source, type, and amount of earned income, including honoraria, from any source (other than your current employment by the U.S. Government) totaling \$200 or more during the current year to the filing date and, separately, the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding \$1,000.	any source (other than your curre ceding calendar year. For a spou	ent employment by the U.S. se, list the source and am	. Government) totaling ount of any honoraria;
Source (include date of receipt for honoraria)	Tune	Amount	unt
Comment of the commen	13/20	Current Year to Filing	Preceding Year
XYZ Corporation, Houston, Texas	Salary	\$6,300	\$28,450
Examples: First Bank & Trust, Houston, Texas	Director's Fee	\$400	\$3,200
7	Honorarium	0	\$1,000
Harris County, Texas Public Schools	Spouse Salary	NA	NA

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		ATT ACHED	SEE SCHEDULE		1 1 1 1	SP, SP Mega Corp. Stock	Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouses, or by your or your spouse's child, parent, or subfing; any deposits totaling \$5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.	publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see the instruction booklet for the reporting year.	ray or retirement plan treat is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not	BLOCK A Asset and/or Income Source Identify (a) each asset held for investment or production of income with a fair market value exceeding \$1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than \$200 in unearned income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self- directed IRA (i.e., one where you have the power to select the specific investments), provide information on each asset in the account that exceeds the reporting threshold, and the income earned for the account. For an
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					Royades		NONE DIVIDENDS RENT INTEREST CAPITAL GAINS EXCEPTED/BLIND TRUST Other Type of Income (Specify, For Example, Partnership In	ncome or Fam	n (ncome)	BLOCK C Type of Income Indicate type of income earned. Check all columns that apply. Check "None" if the asset did not earn any income during the reporting period.
						×	None \$1-\$200 \$201 - \$1,000 \$1,001 - \$2,500 \$2,501 - \$5,000 \$5,001 - \$15,000 \$50,001 - \$100,000 \$100,001 - \$1,000,000 \$1,000,001 - \$5,000,000 Over \$5,000,000 None \$1-\$200 \$201 - \$1,000 \$1,001 - \$2,500 \$2,501 - \$5,000 \$2,501 - \$1,000 \$15,001 - \$1,000 \$15,001 - \$1,000 \$100,001 - \$1,000 \$100,001 - \$1,000 \$100,001 - \$1,000,000 \$1,000,001 - \$5,000,000 \$1,000,001 - \$5,000,000 \$1,000,001 - \$5,000,000 \$1,000,001 - \$5,000,000		Current Year Preceding Year	BLOCK D Amount of Income For rettrement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income. Check "None" if the asset did not earn any income during a reporting year, do not leave blank.

35 FLINTLOCK LANE, WAYNE, PA 19087 (INVESTMENT PROPERTY)		MANITOBA STREET, PLAYA DEL REY, CA	ARCHSTONE	TRIAD SEMICONDUCTOR	APPLEBROOK ASSOC., LP	TOGHT COURT ASSOCIATES IN	REAL ESTATE INVESTMENT COMPANY) IOLA ASSOCIATES, LLC (PRIVATE REAL	HEARN AVENUE ASSOCIATES, LLC (PRIVATE REAL ESTATE INVESTMENT COMPANY)	NEW CENTURY BANK	PNC NATIONAL BANK	MORGAN STANLEY MONEY TRUST	BLACKROCK GLOBAL ALLOCATION IRA	TELECOM CP NZ LTD	SINGAPORE AIR INFR 170		NOME	A				ASSET & OR INCOME SOURCE		P C C C C			
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SCHEDULE II — ASSETS AND "UNEARNED" INCOME

Name ROBERT

Continuation Sheet (If needed)

g Asset and/or income Source BLOCKA None \$1-\$1,000 Ø \$1,001 - \$15,000 O \$15,001 - \$50,000 Ö Value of Asset \$50,001 - \$100,000 m **BLOCK B** \$100,001 - \$250,000 শ \$250,001 - \$500,000 S \$500,001 - \$1,000,000 Ţ \$1,000,001 - \$5,000,000 \$5,000,001 - \$25,000,000 \$25,000,001 - \$50,000,000 ス Over \$50,000,000 NONE DIVIDENDS RENT Type of Income INTEREST **CAPITAL GAINS** BLOCK C EXCEPTED/BLIND TRUST Other Type of Income (Specify) None \$1-\$200 \$201 - \$1,000 **Current Year** \$1,001 - \$2,500 XI IIIV IIV IV VI \$2,501 - \$5,000 \$5,001 ~ \$15,000 \$15,001 - \$50,000 \$50,001 - \$100,000 Amount of Income \$100,001 -- \$1,000,000 \$1,000,001 - \$5,000,000 × BLOCK D Over \$5,000,000 None \$1-\$200 \$201 - \$1,000 Preceding Year \$1,001 - \$2,500 \$2,501 - \$5,000 \$5,001 - \$15,000 \$15,001 - \$50,000 \$50,001 - \$100,000 \$100,001 - \$1,000,000 ⋝ \$1,000,001 - \$5,000,000 Over \$5,000,000

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SCHEDULE III — LIABILITIES

Name ROBERT ROGGIO

Page 5 of 6

Report liabilities of over \$10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the reporting period. Exclude: Any mortgage on your personal residence (unless there is rental income); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report revolving charge accounts (i.e., credit cards) only if the balance at the close of the previous calendar year exceeded \$10,000.

SP, Creditor Type of Liability		T	Τ		Τ	<u> </u>		
Type of Liability Type of Liability Mortgage on 123 Main Street, Dover, Del. Mortgage on 123 Main Street, Dover, Del. S10,001 S15,000 S100,000 S100,000 S100,000 S100,000 S1000,000 S1,000,000 S1						48	SP	
### A CO Liability Single Dover Del. Single Dover Del.		The state of the s		MERRILL LYNCH	Example: First Bank of Wilmington, Delaware	Creditor		
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SCHEDULE IV — POSITIONS

Report all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year and in the two prior years as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

Exclude: Positions held in any religious, social, fraternal, or political entities: positions solely of an honorary nature; and positions listed on Schedule I

	the state of the s
Position	Name of Organization

Use additional sheets if more space is required.

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SCHEDULE V-AGREEMENTS

Name ROBERT ROGGIO

Page 6 of 6

Identify the dat service; continue of the plan maints	Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employme service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or effit plan maintained by a former employer.	Confi
Date	Parties To	Terms of Agreement

SCHEDULE VI—COMPENSATION IN EXCESS OF \$5,000 PAID BY ONE SOURCE

Report sources of such compensation received by you or your business affiliation for services provided directly by you during the two prior years. This includes the names of clients and customers of any corporation, firm, partnership, or other business enterprise, or any nonprofit organization if you directly provided the services generating a fee or payment of more than \$5,000. Exclude: Payments by the U.S. Government and any information considered confidential as a result of a privileged relationship recognized by law. Do not repeat information listed on Schedule I.

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						Example:	
						Doe Jones & Smith, Hometown, Homestate	Source (Name and Address)
						Accounting services	Brief Description of Duties

GPO: 2007

33-428 (mac)